

Testimony of Gregory B. Allard
American Ambulance Service, Inc., Vice President

Public Health Committee

Tuesday, February 16, 2016

Good Day Senator Gerratana, Representative Ritter and distinguished members of the Public Health Committee, my name is Gregory Allard and my testimony today is in opposition of:

1. *Raised Bill No. 5053, An Act Increasing Access to Overdose Reversal Drugs.*

While I can appreciate the intent behind the drafting of this bill I don't think that it requires legislation.

In my opinion the newly appointed State of Connecticut Department of Public Health Commissioner Pino should instruct the Office of Emergency Medical Services to amend the Local EMS Plan so it has a Naloxone component..

As part of my testimony I have attached pages 3 and 4 of the Connecticut Department of Public Health Office of Emergency Medical Services Local EMS Plan Toolkit. I would suggest Naloxone Administration being added to the seventh bulleted item, "A list and description of each system component to include:" and specifically it should be called out on its own in the "Roles and responsibilities in the preparation and response to:" subsection.

The Local EMS Plan is already in statute and is to be reviewed and approved by the Office of Emergency Medical Services on a five-year rotating schedule. Public Act 14-217 created a more robust role for the municipalities in the planning of their local EMS system. A central component in the Local EMS Plan is to have the municipalities and all levels of EMS providers working hand-in-hand with the Regional Coordinators and the Health Program Assistants in the development & review of these plans.

I urge the committee to reflect on my testimony before casting your vote. It has been my intention to sway you from legislating this issue and allowing Commissioner Pino and the Office of Emergency Medical Services the opportunity to do the work they are charged with doing. Please vote in opposition of Raised Bill No. 5053.

Respectfully submitted,

Gregory B. Allard

Components of a Local EMS Plan

Emergency medical services systems vary across each of Connecticut's municipalities. However, despite the variation of EMS models employed, every local system should have addressed a common set of EMS system components. The following components and format for your plan are recommended:

- Composed in narrative form
- Title page with name of plan, date of plan, authors, version (as the LEMSP is updated)
- Table of contents
- Purpose statement
- Overall description of the response area / municipality, including basic demographics
Information can be found at <http://quickfacts.census.gov/qfd/states/09000.html>
- Overview of the response process from 911 call to hospital arrival
- A list and description of each system component to include:
 - Each EMS organization assigned to each component
 - Public Safety Answering Point (PSAP)
 - First Responder
 - Basic Ambulance
 - Paramedic
 - Roles and responsibilities in the preparation and response to:
 - Ordinary day to day operations
 - Mass Casualty Incidents (Overview of the MCI plan)
 - Mass gathering events
 - Special operations
 - Special populations
(Bariatric patients, ventilator-dependent patients, patients requiring specialized EMS care plans)
 - Geographic location of PSAP and EMS organizations
 - Chief of service and agent of business contact information
 - Resources (# of response vehicles and general staffing pattern, MCI trailers, off-road vehicles, marine units, etc.)
 - Performance standards and how they are monitored
 - Quality assurance and improvement procedures, including sponsor hospital oversight and emergency medical dispatch system medical oversight agreements
 - Community education programs designed to reduce mortality and morbidity
 - "HEARTSafe" achievement and designation by DPH
 - Community risk assessment
- Listing of 1, 3 and 5 year objectives for the EMS system: these should be distinct and include a process to periodically evaluate and ensure progression toward achievement
- Attach the town's mass casualty plan
- Attach written agreements with your emergency medical services providers and public safety answering point
- Attach written mutual aid agreements
- Attach contracts for the provision of EMS-related services
- Attach the Primary Service Area Responder certificate issued by DPH for each level of service
- Attach local ordinances affecting the provision of EMS in the community
- Attach a map of the town with PSAR boundaries
- Acknowledgements – authors and key stakeholders referenced
- List of resources/List of sources

A check sheet detailing the statutory requirements and common EMS system components to be covered as part of a local EMS plan is included in this toolkit. A check sheet is also included for mutual aid agreements, mass casualty plans, and performance standards.

Local EMS Plan Checklist

Use this checklist to assure that your plan addresses both important and required information. Please include additional information as you deem appropriate. **Do not submit this checklist as your plan!**

Component description	Complete	Component description	Complete
Title Page			
Name of plan including town name		Date of plan	
Author/Point of Contact		Version	
Table of Contents			
Description of response area/demographics		Purpose statement	
		Overview of response process	
Required agreements/performance measures			
PSAP written agreement		PSAP performance measures	
First responder written agreement		First responder performance measures	
Basic ambulance written agreement		Basic ambulance performance measures	
Paramedic written agreement		Paramedic performance measures	
Mutual aid agreements		Other written agreements/subcontracts	
A list and description of EMS system components			
<i>Each organization, including contact information, assigned as:</i>			
PSAP		Basic Ambulance	
First responder		Paramedic	
Roles and responsibilities in:			
Ordinary day-to-day response		Mass gathering events	
Mass casualty incidents		Special populations	
Special operations, including active assailants		EMS resource availability	
Quality assurance/performance monitoring			
PSAP QA policies (internal)		Basic ambulance QA policies (internal)	
PSAP performance reporting process		Basic ambulance performance reporting process	
PSAP EMS medical oversight policy		Sponsor hospital medical oversight policy for BA	
First Responder QA policies (internal)		Paramedic QA policies (internal)	
First Responder performance reporting process		Paramedic performance reporting process	
Sponsor hospital medical oversight policy for FR		Sponsor hospital medical oversight policy for Pm	
Community response			
Community education programs		HEARTSafe achievement & designation	
Goals and objectives			
One year		Five year	
Three year			
Attachments			
Mass casualty plan		PSAR certificates	
Written agreements with each provider		Local ordinances affecting EMS	
Mutual Aid Agreements		Map of the town with PSAR boundaries	
Community risk assessment		Contracts, subcontracts, and agreements for service	
Active assailant response plans			

Red outlines indicate information that is required pursuant to the Local EMS Planning statutes.